PARTICIPATION APPROVALS

AFFILIATED PROGRAM

Name: ___________________________ PLID: ___________________________

Program: _______________ Major: _______________ Minor: _______________

Semester of Study Abroad: Spring 20   Summer 20   Fall 20   Winter 20

Important information regarding course offerings: The federal government requires that your financial aid eligibility only be based on those courses that count toward the completion of your degree. To be considered a full-time student for financial aid purposes, you must enroll in 12 credit hours as an undergraduate student (or 9 credit hours as a graduate student) that count toward your degree. To be eligible for most federal grants or loans, you must be enrolled at least half-time in courses that satisfy a degree requirement. Remember, to be eligible for most financial aid, you only need to be enrolled at least half-time (6 hours for undergraduate students and 5 hours for graduate students).

By signing this form I certify that I understand and accept that I am responsible for the duties related to my participation in a study abroad program and authorize the release and sharing of my confidential records among university offices. If there is the possibility of a change in my current status, I must discuss my case with my academic advisor, otherwise, I may no longer qualify for enrollment, and I may not be eligible for a refund. I further understand that it is my responsibility to verify the transferability of courses with the Texas State Office of Undergraduate Admissions, and applicability of courses toward my degree program with my College Academic Advisor.

Student’s Signature ___________________________ Date: ______/_____/______

To be completed by the Academic Advisor (Advising Center in College)

I hereby certify that the student listed above

☐ has been on probation
☐ has never been on probation

☐ has been on suspension
☐ has never been on suspension

☐ is on probation
☐ is NOT on probation

☐ is on suspension
☐ is NOT on suspension

Comments: _____________________________________________________________________________________
________________________________________________________________________________________________

Advisor’s Name: ___________________________ Signature: ___________________________ Date: ______/_____/______